

DP-156-ACH

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NURSING FACILITY QUALITY ASSESSMENT
AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS
(ACH DEBITS)

STEP 1 FACILITY NAME & ADDRESS	NURSING FACILITY NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER	
	NUMBER AND STREET ADDRESS			
	ADDRESS (continued)			
	CITY/TOWN STATE & ZIP CODE			
STEP 2 INITIAL, CHANGE, OR REVOCATION	Check the type of request: <input type="checkbox"/> INITIAL REQUEST <input type="checkbox"/> CHANGE REQUEST <input type="checkbox"/> REVOKE AUTHORIZATION			
STEP 3 DEPOSITORY INFORMA- TION	DEPOSITORY (BANK) INFORMATION			
	Depository (Bank) Name		Depository (Bank) Routing & Transit #	_____
	Name on Depository Account		FEIN/SSN on Depository (Bank) Account	_____
	Depository Account Number	_____	Account Type (check one)	<input type="checkbox"/> Savings <input type="checkbox"/> Checking
	YOU MUST PROVIDE A COPY OF A VOIDED CHECK OR A SAVING WITHDRAWAL SLIP FOR THIS ACCOUNT.			
STEP 4 ACH AUTHORIZA- TION	This authorization is to remain in full force and effect until the STATE has received written notice from me (or either of us) of its termination in such time and in such a manner as to afford the STATE and DEPOSITORY a reasonable opportunity to act on it. By signing below, I hereby authorize the State of New Hampshire Treasury to initiate variable debit entries to the bank account and the depository named above.			
	PRIMARY NAME			TELEPHONE #
	SECONDARY NAME			TELEPHONE #
STEP 5 SIGNATURES	By signing below, I hereby authorize the State of New Hampshire Treasury, to initiate debit entries to our Checking or Savings account indicated above at the depository (bank) named above, to debit the same to such account.			
	SIGNATURE (IN INK) OF AUTHORIZED OFFICER/REPRESENTATIVE			
	TITLE		DATE	

FOR DRA USE ONLY

MAIL TO: NH DEPARTMENT OF REVENUE ADMINISTRATION
 DOCUMENT PROCESSING DIVISION
 PO BOX 1004
 CONCORD, NH 03302-1004

DP-156-ACH

Instructions

NURSING FACILITY QUALITY ASSESSMENT**AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS (ACH DEBITS)**

INSTRUCTIONS

WHO MUST FILE	All nursing facilities in New Hampshire. Nursing facility means all nursing facilities licensed by the New Hampshire Department of Health and Human Services as defined by RSA 151-E:2,V.
WHAT TO FILE	A completed DP-156-ACH and a copy of a voided check or savings withdrawal slip for this account.
WHEN TO FILE	ACH Debit authorization must be received by the New Hampshire Department of Revenue Administration (NH DRA) 30 days prior to the first filing of Form DP-156, Nursing Facility Quality Assessment Return and any time there is a request for change or revocation.
EFFECTIVE DATE OF ACH DEBIT	The ACH payment will be debited 2 days prior to the last business day of the month following the due date of the return or if under extension or alternative payment agreement, on such date is approved by the Commissioner of Revenue Administration.
WHERE TO FILE	Completed authorization forms shall be filed with NH DRA for recording and then will be forwarded by the NH DRA to the NH Department of Treasury for processing.
REQUEST TO REVOKE AUTHORIZATION	All written debit authorizations must provide that the Receiver (Nursing Facility) may revoke the authorization only by notifying the Originator (NH DRA) in the manner specified in the Authorization. The Receiver (Nursing Facility) must be given a copy of their written debit authorization by the NH Treasury.
PRE-NOTE	A ACH Debit pre-note is required for the initial request and any changes.

LINE BY LINE INSTRUCTIONS

STEP 1	Enter the Nursing Facility name, address and Federal Employer Identification Number in the spaces provided.
STEP 2	Check the appropriate box to indicate whether this is an initial request, a change request, or a request to revoke ACH Debit Authorization.
STEP 3	Enter the Depository (Bank) information in the spaces provided. It is important to enter all digits of the routing and account number for accurate processing.
STEP 4	The Nursing Facility must provide a primary and a secondary name and telephone number for questions concerning ACH Debit Authorization. The facility shall file a change form whenever the primary or secondary contact person changes.
STEP 5	By signing, the authorized representative authorizes the NH Department of Treasury to debit their bank account by the amount reported to the NH Department of Revenue Administration on the Form DP-156.